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## ANTITETANUS VACCINATION

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Active mass immunization of humans against tetanus was made possible by the application of the anatoxin which Descombey prepared in 1924 based on Ramon's formol anatoxin against diphtheria.

Better results are obtained with tetanus anatoxin precipitated with alum (Bergey, 1934), because a deposit of anatoxin remains in the inoculation site.

A similar deposit remains after application of combined tetanus antitoxin and TAB vaccine. During the war, Russian authors successfully used a "Polyvaccine" (seven components) against tetanus, typhoparatyphoid, dysentery, and cholera. The Americans inoculate with a combined antitoxin against diphtheria and tetanus.

Solid immunity against tetanus is attained with 2-3 injections of anatoxin in the quantity of one cubic centimeter with an interval of 3-6 weeks. The longer the interval between injections, the more solid the immunity. After 6-12 months, a dose of anatoxin booster is given. This dose can also be given to traumatic cases. The titer of antitoxin in the blood of re-vaccinated persons increases after 2-5 days; therefore, tetanus antitoxin is not given to slightly wounded persons.

Active immunity after vaccination and revaccination lasts 2-5 years.

Local reactions are mild in most cases but occur in 25 percent of vaccinated persons. Allergic reactions are very rare and occur more frequently with original than with precipitated anatoxin.

Post-World War II experience shows that vaccination with antitoxin, in conjunction with careful surgical treatment of wounds, almost always protects the patient from tetanus.

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## CLASSIFICATION

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